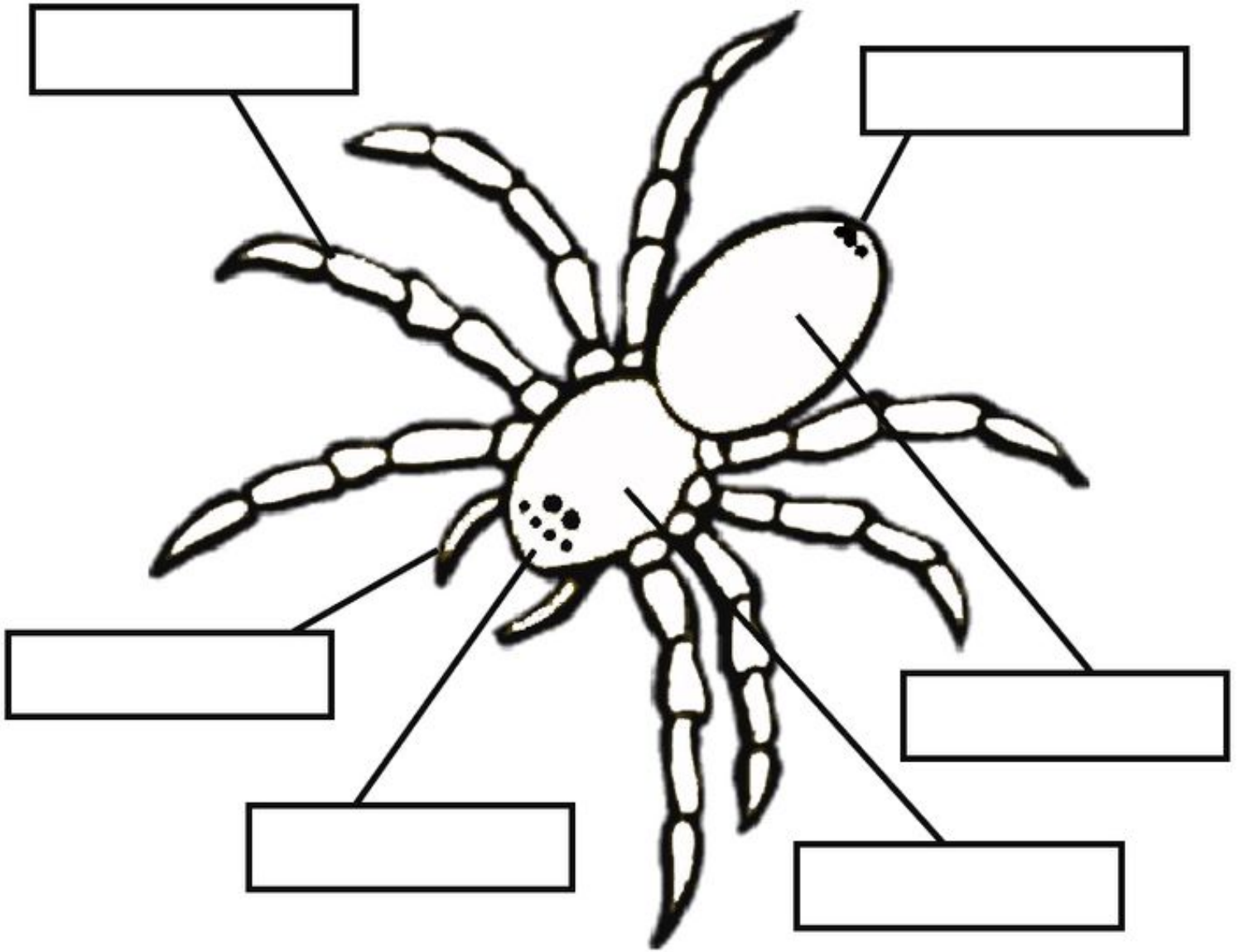


Name: _____

Date: _____



eyes

head

feelers

legs

abdomen

spinnerets